

Date: Nov 15th 2021


Case Caption: WILLIAMS V CITY OF PHILA,

Case Number: 21 CV 640

Assigned to: HONORABLE MITCHEL S. GOLDBERG

DEAR CLERK OF COURTS, I AM
WRITING IN REGARDS OF RECEIVING A DOCKET
SHEET FOR THE ABOVE CAPTIONED CASE AND
TO LET THE RECORD REFLECT THE ENCLOSED
DOCUMENTS TO DISPLAY THAT I, PLAINTIFF
JAHMAL WILLIAMS COMPLETED FORMS USM-285
FOR SERVICE UPON DEFENDANTS NAMED HEREIN
~~THIS~~ THE CITY OF PHILA, SUPERINTENDENT,
WARDEN, OFFICER SLATER AND COMMISSIONER CARNEY
SERVED BY PLACING DOCUMENTS IN THE INSTITUTIONS
MAILING SERVICE

THANK YOU FOR YOUR TIME
SINCERELY,

X 
JAHMAL WILLIAMS
- PRO SE LITIGANT

DATE: 11-15-2021

REMARKS

PLAINTIFF JAHMAL WILLIAMS		COURT CASE NUMBER 21cv640	
DEFENDANT CITY OF PHILADELPHIA		TYPE OF PROCESS CIVIL SUIT USM-285 - Summons	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN CITY OF PHILADELPHIA		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 8201 STATE RD PP# 939103 Phila Pa. 19136		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW JAHMAL WILLIAMS PP# 8201 STATE RD 939103 Phila Pa. 19136		Number of process to be served with this Form 285 5	
		Number of parties to be served in this case 5	
		Check for service on U.S.A.	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): address unknown for service upon city of Philadelphia			
Signature of Attorney other Originator requesting service on behalf of: [Signature]		<input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER DATE 11/15/2021
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE			
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. _____	District to Serve No. _____
Signature of Authorized USMS Deputy or Clerk		Date	
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.			
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)			
Name and title of individual served (if not shown above)		Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)		Signature of U.S. Marshal or Deputy	
Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges
Advance Deposits		Amount owed to U.S. Marshal* or (Amount of Refund*)	
REMARKS			

PLAINTIFF JAMMAL WILLIAMS		COURT CASE NUMBER 21 cv 640	
DEFENDANT Jane Doe Superintendent		TYPE OF PROCESS Summons (USM-285) Civil Complaint	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Jane Doe Superintendent of CICE		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 7901 State Rd Phila Pa 19136		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW JAMMAL WILLIAMS 8201 State Road PP# 939103 Phila Pa 19136		Number of process to be served with this Form 285 5	
		Number of parties to be served in this case 5	
		Check for service on U.S.A.	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): name of Superintendent For Institution Link-wn - address is work place			
Signature of Attorney other Originator requesting service on behalf of: [Signature]		<input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER DATE 11/15/2021
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE			
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 	District of Origin No. 	District to Serve No.
Signature of Authorized USMS Deputy or Clerk		Date	
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.			
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)			
Name and title of individual served (if not shown above)		Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)		Signature of U.S. Marshal or Deputy	
Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges
REMARKS			

JAMMAL WILLIAMS
Philadelphia Department of Prisons
Philadelphia, PA 19136
PPN 939103

PHILADELPHIA PA 190

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U.S.M.S.
X-RAY

Clerk of Court EDpa.

UNITED STATES COURT HOUSE

601 MARKET STREET

PHILADELPHIA PA, 19106

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